

Health Maintenance Checklist



Name: _____

MR#: _____ D.O.B.: _____

Recommendations from ACG and AGA Preventive Care Guidelines ^{1,2}

Vaccines	Which Patients	How Often
<input type="checkbox"/> COVID-19 (Moderna, Pfizer, Novavax)	All patients with IBD.	Follow CDC recommendations for the general population.
<input type="checkbox"/> Influenza (Fluzone High-Dose, Flublok recombinant, Fluad adjuvanted)	All adult patients with IBD should receive a standard dose. All adults on anti-TNF monotherapy or with a concomitant solid organ transplant. ³ Adults aged ≥ 65 should receive the high dose, recombinant or adjuvanted inactive influenza vaccine. ⁴ Immunosuppressed patients should avoid live influenza vaccine (nasal).	Annually.
<input type="checkbox"/> Pneumococcal (PCV15, Vaxneuvance), PCV20 (Prevnar 20), PCV 21 (CAPVAXIVE) or PPSV23 (Pneumovax 23)	All ≥ 19 years of age receiving systemic immunosuppression. ^a All adults with IBD 50 years of age who have not received a vaccine.	See Figure
<input type="checkbox"/> Recombinant Herpes Zoster (RZV) (adjuvanted non-live) SHINGRIX	All adults with IBD ≥ 19 years of age. ⁵	Two-dose series administered 1-2 months apart, if on immunosuppression. If not, 2-6 months apart.
<input type="checkbox"/> Human Papillomavirus (HPV) 9valent GARDASIL	Adults 27-45* shared decision who are likely to have a new sexual partner.	Three-dose series at 0, 1-2 months, and 6 months.
<input type="checkbox"/> Respiratory Syncytial Virus (RSV) Recombinant vaccine (Abrysvo, Pfizer) Adjuvanted recombinant vaccine (Arexvy, GSK) mRNA vaccine (mRESVIA, Moderna)	Adults with IBD ≥ 75 y of age. Adults with IBD 60-74 y of age with certain medical conditions or risk factors for severe RSV disease.	Once.
<input type="checkbox"/> Hepatitis B Heplisav-B Engerix-B or Recombivax HB	All adult patients with IBD. Universal vaccination is recommended for all adults 19-59. ⁶	Heplisav-B: Two-dose series (HepB-CpG) at 0 and 1 month. Engerix-B or Recombivax HB: Three-dose series at 0, 1, and 6 months. Twinrix® (Hep A-Hep B): Three-dose series at 0, 1, and 6 months.

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Vaccines	Which Patients	How Often
<input checked="" type="checkbox"/> Tetanus <input checked="" type="checkbox"/> Diphtheria <input checked="" type="checkbox"/> Pertussis <input checked="" type="checkbox"/> (Tdap or Td) <input checked="" type="checkbox"/> Hepatitis A <input checked="" type="checkbox"/> Meningococcal ACWY <input checked="" type="checkbox"/> (Men ACWY)		Follow recommendations for the general population.
Live Vaccines		
<input checked="" type="checkbox"/> Measles, Mumps, and Rubella (MMR) Two-Dose Live Vaccine	Patients with IBD not immune to MMR. If immune status is uncertain, obtain immunization history. IgG antibody titer can be checked but not recommended by ACIP. MMR live vaccine should not be given to patients currently on systemic immunosuppressive therapy. ⁷	Should receive a 2-dose series, at least 4 weeks apart.
<input checked="" type="checkbox"/> Varicella Two-Dose Live Vaccine	Documentation of two doses of varicella vaccine. Serology not recommended by ACIP for evaluation of vaccine induced immunity in those with appropriate documentation. ⁸	All patients who are not immune should receive a 2-dose series, 4–8 weeks apart, ≥4 weeks before immunosuppression, if therapy can be postponed.
Cancer Screening	Which Patients	How Often
<input checked="" type="checkbox"/> Colorectal	All IBD patients with extensive colitis (>1/3 of the colon) for ≥8 years should undergo surveillance colonoscopy every 1–3 years, depending on cancer risk.	Patients with IBD with a diagnosis of PSC should undergo colonoscopy, starting at the time of PSC diagnosis, and annually thereafter. Patients with IBD with features that are high-risk for developing colon cancer (i.e. prior history of adenomatous polyps, dysplasia, family history of colon cancer and extensive colitis) should have colonoscopies more frequently than every 3 years.
<input checked="" type="checkbox"/> Cervical	All women with IBD who are being treated with systemic immunosuppression.* 	Cervical cancer by cytology annually (if cytology alone) or every 3 years (if HPV negative).
<input checked="" type="checkbox"/> Skin	All IBD patients being treated with systemic immunosuppression.* 	Annual total body skin exams.
Other Screenings	Which Patients	How Often
<input checked="" type="checkbox"/> Mental Health	All	At new visits, least annually thereafter, educate patients about the increased risk and impact of depression, anxiety and medical trauma in IBD. ^b Screen for mental health symptoms including depression and anxiety. ^c Consider a free objective measure (e.g., PHQ2/PHQ9 for depression; GAD7 for anxiety) or ask: <i>How have you been feeling emotionally/how have you been coping with your condition?</i> Identify referral options ^d and encourage patients to pursue counseling/therapy and/or medication evaluation if screen is positive.
<input checked="" type="checkbox"/> Nutrition	Screen and assess all patients with IBD via CCF Nutrition Care Pathway. ^e	Annually or with flares.

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<input type="checkbox"/>	Osteoporosis	All	Screen for osteoporosis by central (hip and spine) DXA scan in all patients with IBD if ANY risk factors for osteoporosis; low BMI, >3 months cumulative steroid exposure, smoker, post-menopausal, hypo-gonadism, malnutrition, restrictive diet, malabsorption, or vitamin D/Calcium deficiency. Repeat in 5 years and no sooner than 2 years ⁹ if initial screen is normal. Vitamin D (800-1000 IU per day) and calcium (1200 mg/day) for Women >65 yo, male > 70 yo (regardless of clinical risk factors).
Other Screenings	Which Patients	How Often	
<input type="checkbox"/>	Smoking	All	Refer current smokers for smoking cessation therapy.

a Systemic immunosuppression refers to current treatment with prednisone (>20mg/day for more than 14 days), azathioprine (>2.5 mg/kg/day) mercaptopurine (>1.5 mg/kg/day), methotrexate (>0.4 mg/kg/week), cyclosporine, tacrolimus, infliximab, adalimumab, golimumab, certolizumab, ustekinumab, rizankizumab, mirikizumab, guselkumab, etrasimod, ozanimod, upadacitinib or tofacitinib.

b Mental and Emotional Well-Being | Crohn's & Colitis Foundation

c <https://pubmed.ncbi.nlm.nih.gov/39173019/>

d

Therapy directories:

- <https://www.findapsychologist.org/>
- <https://romegipsych.org>
- <https://www.psychologytoday.com/us/therapists>
- <https://helloalma.com/>
- [Headway | Find Therapists Covered by Your Insurance](#)

Psychiatry directory:

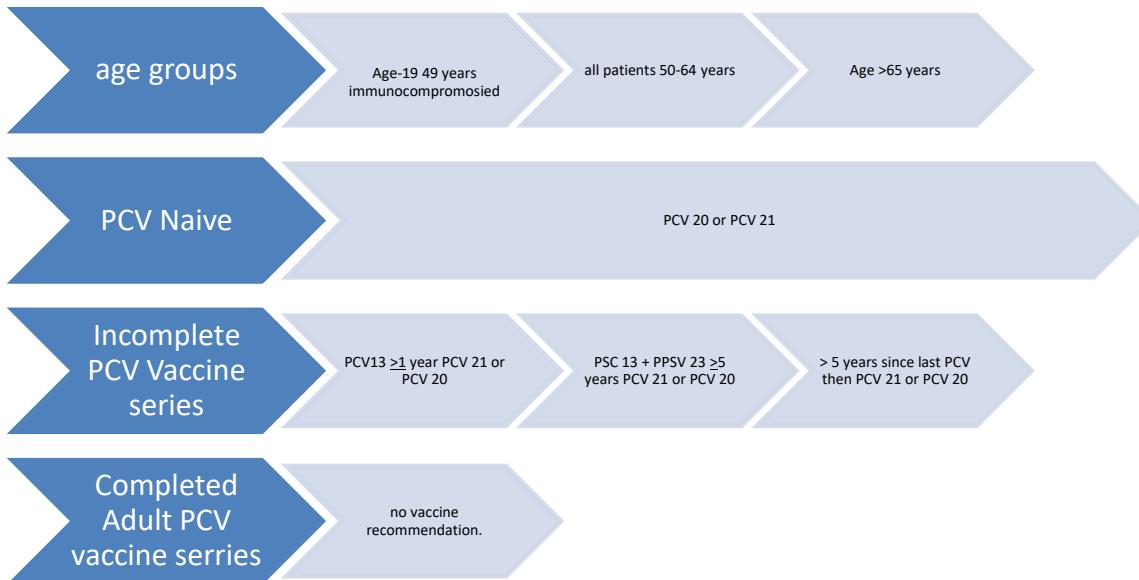
- <https://www.psychologytoday.com/us/psychiatrists>

e Assess patients for Low, Moderate or High Risk based on MUST. www.crohnscolitisfoundation.org/research/ibd-qorus/care-pathways

Basic Labs: Hgb, CRP, Lyses, Albumin, Ferritin, Transferrin %, VitD25OH, B12, B6 (PLP).

Malnutrition Labs: Above + Mag, Phos, Methylmalonic Acid, Folate, Thiamine, Zinc.

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References:

- 1 Farrye FA, Melmed GY, Lichtenstein GR, et al. ACG Clinical Guideline Update: Preventive Care in Inflammatory Bowel Disease. *Am J Gastroenterol*. 2025;120(7):1447-1473.
- 2 Caldera F, Kane S, Long M, Hashash JG. AGA Clinical Practice Update on Noncolorectal Cancer Screening and Vaccinations in Patients With Inflammatory Bowel Disease: Expert Review. *Clin Gastroenterol Hepatol*. 2025;23(5):695-706.
- 3 Caldera F, Hillman L, Saha S, et al. Immunogenicity of High Dose Influenza Vaccine for Patients with Inflammatory Bowel Disease on Anti-TNF Monotherapy: A Randomized Clinical Trial. *Inflamm Bowel Dis*. 2020;26(4):593-602.
- 4 Grohskopf LA, Ferdinands JM, Blanton LH, Broder KR, Loehr J. Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices - United States, 2024-25 Influenza Season. *MMWR Recomm Rep*. 2024;73(5):1-25.
- 5 Anderson TC, Masters NB, Guo A, et al. Use of Recombinant Zoster Vaccine in Immunocompromised Adults Aged \geq 19 Years: Recommendations of the Advisory Committee on Immunization Practices - United States, 2022. *MMWR Morb Mortal Wkly Rep*. 2022;71(3):80-84.
- 6 Weng MK, Doshani M, Khan MA, et al. Universal Hepatitis B Vaccination in Adults Aged 19-59 Years: Updated Recommendations of the Advisory Committee on Immunization Practices - United States, 2022. *MMWR Morb Mortal Wkly Rep*. 2022;71(13):477-483.
- 7 McLean HQ, Fiebelkorn AP, Temte JL, Wallace GS. Prevention of measles, rubella, congenital rubella syndrome, and mumps, 2013: summary recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR Recomm Rep*. 2013;62(Rr-04):1-34.
- 8 Marin M, Güris D, Chaves SS, Schmid S, Seward JF. Prevention of varicella: recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR Recomm Rep*. 2007;56(Rr-4):1-40.
- 9 Osteoporosis Prevention, Screening, and Diagnosis: ACOG Clinical Practice Guideline No. 1. *Obstet Gynecol*. 2021;138(3):494-506.